| POSITION | INITIALS | ID NO. | DATE | | | | | |
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| FEE DETERMINATION | RH | | 6/27 | | | | | |
| O.I.P.E. CLASSIFIER | N | | 7-7-01 | | | | | |
| FORMALITY REVIEW | 11 | 11/2 | 8/14/01 | | | | | |
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INDEX OF CLAIMS

| ~ | Rejected | N | Non-ฮlacted |
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| = | Allowed | - 1 | Interference |
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| ÷ | Restricted | 0 | Objected |

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If more than 150 claims or 10 actions staple additional sheet here